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all engaged in active operating practice would have felt the fact long ago. Tait is struck by the occurrence of insanity after operations as being like the occurrence of tetanus, something to be met with occasionally, but not a matter to calculate on. He continues: "If I saw an insanity rate of 2.5% in my operations it would be more striking than any death rate in anything except my hysterectomies, and in that class I have never seen insanity follow a single instance; and Dr. Bantock's experience amounts to practically the same result, for his exception cannot really be called one of insanity following an operation. As a per contra I can point to 13 cases where operations have cured insanity."

*Ueber Psychosen nach Augen-Operationen.* Von FRANKL-HOCHWART. Jahrbuch f. Psych., 1889-90—IX, pp. 152-182.

The author reports 31 cases of psychoses developing after eye-operations. Divided into four groups, as follows:

1. Hallucinatory Confusional Insanity. (a) in young, (b) in old individuals.
2. Simple Confusional Insanity in old people.
3. Psychoses in chronic alcoholism.
4. Cases of Confusional Insanity in very marasmatic individuals, with other intercurrent somatic diseases with fatal termination.

The first group comprised 15 cases; lens extraction in almost all, began six times in the first 24 hours, twice after two, once each after three and four days, twice after several days, once after nine days, once after ten to twelve days, once after three weeks. There was a Protean-like change of phenomena in the different individuals; there was wild, unmanageable agitation, ideas of grandeur and insignificance, ideas of suicide, ceaseless cryings, praying, lamenting, and then laughing, dancing and singing, with passionate emotional displays. These more sharply defined prodromal symptoms belong more to youth; in older people there is unrest, confusion and tendency to aggression, and also terrible visual and auditory hallucinations. Disease is usually fully developed when the patient is transferred to the asylum.

Regarding the course of these psychoses it can only be said that this is a very varying one. Some last a few days, and from that up to weeks, or to one, two or five months. One patient formed a complete delusional system of persecution after he had been three months in the asylum.

In the group of alcoholics there were seven patients, six of whom had cataract operations. Course offers little that is noteworthy; begins earlier than in non-alcoholics. Shows itself in restlessness and excitement. Course marked by unrest, hallucinations, conditions of anxiety, ideas of persecution, confusion, delusions. Course similar to delirium tremens. Lasts from 6 to 12 days to 4 weeks. Some dementia in one case.

In the first group (hallucinatory confusional insanity) hallucinations were the chief thing noted, with sharply defined delusions, here and there running into a system, while in the second group (simple confusional insanity in old people) the patients were simply confused and disturbed, hallucinations being absent. They were unoriented, did not know what had happened to them, were irritable, sometimes aggressive. They were all old, but not of the specific senile form. The same conditions are seen in exhausting conditions in youth and in alcoholics. All men, from 57 to 77. Cataract operations in all. Psychosis developed soon after operation; in none after sixth day. Unrest, anxiety, aggressiveness showed itself in the beginning. Prognosis not unfavorable. Of the last group there were only three cases. In all inanition, delirium and fatal termination.

Regarding the casual nexus the simplest explanation would be to put the cases among the psychoses following operations, as first pointed out

by Dupuyten, and in Germany by Wunderlich. There is no reason to doubt this casual nexus. Can call these affections nothing more than a specific symptom-complex, as Dupuyten has done. They generally take the course of hallucinatory confusional insanity. Rose thinks almost all psychoses following operations are to be considered as delirium tremens, and further that sepsis and high fever may form a substratum of the mental disturbance. Some psychoses developing with hallucinatory confusion he designates as inanition deliria. Von Frankl-Hochwart considers these psychoses relatively rare compared with those following eye-operations. In Vienna the last are much more common than the first.

Winiwarter speaks of psychoses after surgical operations as being especially rare. When Fuerstner reported the first case of insanity after a gynaecological operation he expressed surprise that the case should be so rare while they are so frequent after eye-operations.

Werth could collect only 34 cases of insanity after surgical operations. This disproportion is all the more striking when it is considered how many factors enter into surgical operations that seldom occur in eye-operations, such as the great pain before and after the operation, febrile phenomena, cachexia of cancer, disposition to tuberculosis often occurring in joint disease, inanition, etc. Surgical cases are often depressed in emotions, since they are to suffer the loss of some member, while eye-patients *per contra* have the hope of regaining their sight. The author collects 19 cases of psychoses after surgical operations, of which 3 were of delirium tremens, showing that insanity after surgical operations is comparatively rare in spite of the fact that besides the operation the other important etiological factors are so frequent. What is the special feature of eye-operations that psychoses so often follow them? That lesion of the sensitive optic nerves must be a tremendous irritation is clear *à priori*, and attention is called to the connection between irritation of the trigeminas (neuralgia) and psychoses. Psychoses have developed through simple injury to the bulb—(Griesinger, Arndt and Fürstner). That mental disturbances may arise through irritation of the sense-organs is indicated by the influences of ear diseases and by Esquirol's observation of insanity following a strong smell. According to our author's researches blind people have a special predisposition to mental disease, of predisposing moment in eye diseases is the psychical factor that loss of sight is especially feared [This does not agree well with author's previous statement that hope of regaining the sight was in the favor of these patients as against the fears of ordinary surgical cases]. Also in any of the cases that the oculist has to do with are of advanced age. Of greatest importance, however, appears to be the influence of darkness that is necessary in the after treatment, together with the absolute rest and the separation from the outer world.

*Eine psychische Störung combinirt mit multipler Neuritis. (Psychosis polyneuritica seu cerebropathica psychica toxæmica.)* DR. S. S. KORSKOFF. *Allg. Zeitschr. f. Psychiatrie*, 1889, xlv. Bd., H. 4, p. 475.

Previous to the present article Korsakoff has published articles in Russian describing the disease, which he claims is little known to physicians, although numerous instances have appeared in the practice of alienists and also of gynaecologists. The disease is especially liable to develop after certain diseases, such as puerperal fever, acute and chronic infectious diseases. Korsakoff claims that this form of mental disease is unknown, and that there is no description of it in literature. In almost all cases the symptoms of multiple neuritis may be found, in some cases they are but little marked, in others the symptoms of neuritis, paralyzes, contractures, muscle atrophies and pains are so predominating that they may cover up the mental disturbance. Besides the combination with the neuritic symptoms, the symptom-complex of the